

Supplemental Application Data Sheet**Application Information**

Application number:: 10/771,447.
Filing Date:: 02/05/04
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 3743
CD-ROM or CD-R?: None
Sequence submission?: None
Computer Readable Form (CRF)?:: No
Title:: INHALATION DEVICE AND METHOD
Attorney Docket Number:: 000166.0109-US04
Request for Early Publication?: No
Request for Non-Publication?: No
Total Drawing Sheets:: 13
Small Entity?: No
Petition included?: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: Edwards
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 171 Commonwealth Avenue, Unit 3
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Family Name:: DeLong
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 266 Grove Street, Apartment 9
City of mailing address:: Newton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02466

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Craig
Family Name:: Dunbar
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Woodland Road
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02130

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ernest
Middle Name:: E.
Family Name:: Penachio

City of Residence:: Haverhill
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 29 Columbia Park
City of mailing address:: Haverhill
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01830

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kevin
Family Name:: Stapleton
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 4221 East Lynn Street
City of mailing address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98112

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Family Name:: Wolff
City of Residence:: Somerville
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 14 Mead Street, Apartment 1
City of mailing address:: Somerville
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02144

Correspondence Information

Correspondence Customer Number:: 26853

Representative Information

Representative Customer Number:: 26853

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/835,302	04/16/01

Foreign Priority Information**Assignee Information**

Assignee name:: Advanced Inhalation Research, Inc.
Street of mailing address:: 840 Memorial Drive
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

PTO/S&P (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

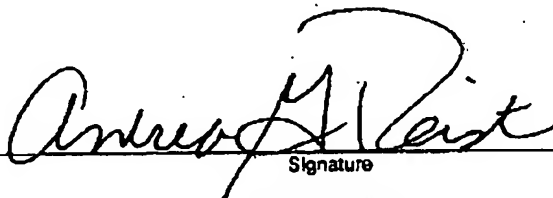
Application No. (if known): 10/771,447

Attorney Docket No.: 000166.0109-US04

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on September 13, 2006
Date



Signature

Andrea G. Reister

Typed or printed name of person signing Certificate

38,253

Registration Number, if applicable

(202) 862-8000

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal Letter (in duplicate) (4 pages)
Supplemental Application Data Sheet (4 pages)